



Cobb County Business License Division
191 Lawrence Street, Marietta, GA 30060-1692
Phone (770) 528-8410 Fax (770) 528-8414
Web site Address - www.cobbcounty.org

Professional Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

This Business is: ☐ New Application
☐ Ownership Change / Date ownership changed _____
☐ I am filing a name/or address change for # _____

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Phone # () _____

2. Name of Corporation _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

Full Detailed Description of Business _____

6. Are you an individual professional operating in a larger practice? ☐ Yes ☐ No

7. Estimated Gross Receipts in GA from this location for the current calendar year \$ _____
Gross Receipts in GA from this location for the calendar year prior to this application \$ _____
Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

8. Date Business began in Cobb County _____

If a firm, answer questions 9-13. If an individual professional, please skip to question #13.

9. President/ Managing Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

10. Vice President/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

11. Secretary/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

12. Treasurer/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

13. Individual professional _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone() _____ D/O/B ____/____/____/Drivers License # _____ State _____

14. Person Completing Application _____ Title _____
Business Address _____ Apt# _____ City _____ State _____ Zip _____
Business Phone() _____ Fax () _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning

Restrictions stated above: _____
(initials)

Signature: _____

I, _____, affirm that the facts stated by me are true.

This _____ day of _____, 20____.

Signature of applicant _____
() Owner () Manager () Other specify _____

OFFICE USE ONLY:

Occ. Tax Cert. # _____ SIC # _____ Category _____ BL STAFF _____

Due current yr _____ Due previous yr _____ Due for 2 yrs prior to current yr _____

Penalty _____ Interest _____ Total Due\$ _____ Receipt # _____

Method of payment: CASH / CHECK #
(circle one)

Zoning Division _____ Approved/Denied
(circle one)



***Affidavit Verifying Status
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for
_____ **[INSERT BUSINESS NAME]:**

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. Provide alien registration number, date of birth, and a copy of the document(s) issued by the U.S. Department of Homeland Security for non-citizen applicant.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Alien Registration number for non-citizens

Date of Birth for non-citizens

Notary Public

My Commission Expires:
